

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 462
Registered No. 84

1. PLACE OF BIRTH

County Pima

State Arizona

District or Township

or Village

City 1750

No. New Cornelia Hospital

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Marie Stewart

If child is not yet named, make supplemental report, as directed

3. Sex of Child
Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

5. No., in order of birth

yes

June 12 1914

8. Full name

FATHER

Lester Stewart

14. Full maiden name

MOTHER

Lyuna Bigelow

9. Residence
(Usual place of abode)

1750

If non-resident, give place and state.

Arizona

15. Residence
(Usual place of abode)

1750

If non-resident, give place and state.

Arizona

10. Color or race

white

11. Age at last birthday 24 (Years)

16. Color or race

white

17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Oklahoma

18. Birthplace (city or place)

(State or country)

Oklahoma

13. Occupation

Nature of industry

Copper Mining Co

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living 3

(b) Born alive but now dead X

(c) Stillborn X

21. Were precautions taken against
thalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 A.M. on the date above stated.

(Born alive or stillborn)

Signature

J. A. Owen M.D.

(Physician or midwife).

* When there was no attending physician
or midwife, then the father, householder,
etc. should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Address

Registrar.

Filed July 3 1914

John S. Wood
Registrar.

823-612-326